

County: Ashland  
 COURT MANOR HLTH REHAB SERVICES  
 911 3RD ST W

Facility ID: 2420

Page 1

ASHLAND 54806 Phone:(715) 682-8172  
 Operated from 1/1 To 12/31 Days of Operation: 366  
 Operate in Conjunction with Hospital? No  
 Number of Beds Set Up and Staffed (12/31/04): 112  
 Total Licensed Bed Capacity (12/31/04): 132  
 Number of Residents on 12/31/04: 95

Ownership:  
 Highest Level License: Skilled  
 Operate in Conjunction with CBRF? No  
 Title 18 (Medicare) Certified? Yes  
 Title 19 (Medicaid) Certified? Yes  
 Average Daily Census: 99

Services Provided to Non-Residents		Age, Gender, and Primary Diagnosis of Residents (12/31/04)				Length of Stay (12/31/04)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		35.8
Supp. Home Care-Personal Care	No	-----	-----	-----	-----	1 - 4 Years		47.4
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	9.5	More Than 4 Years		16.8
Day Services	No	Mental Illness (Org./Psy)	8.4	65 - 74	6.3			-----
Respite Care	Yes	Mental Illness (Other)	7.4	75 - 84	25.3			100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	2.1	85 - 94	48.4	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	1.1	95 & Over	10.5	Full-Time Equivalent		
Congregate Meals	Yes	Cancer	2.1		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	16.8		100.0	(12/31/04)		
Other Meals	No	Cardiovascular	12.6	65 & Over	90.5	-----		
Transportation	No	Cerebrovascular	13.7		-----	RNs		15.8
Referral Service	No	Diabetes	7.4	Gender	%	LPNs		7.9
Other Services	No	Respiratory	12.6	-----	-----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	15.8	Male	32.6	Aides, & Orderlies		
Mentally Ill	No	-----	-----	Female	67.4			
Provide Day Programming for			100.0		-----			
Developmentally Disabled	No				100.0			

\*\*\*\*\*

#### Method of Reimbursement

		Medicare (Title 18)		Medicaid (Title 19)		Other		Private Pay		Family Care		Managed Care							
		No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	Total Resi- dents	% Of All
Int. Skilled Care	0	0.0	0	6	8.0	140	1	100.0	156	0	0.0	0	0	0.0	0	0	0.0	7	7.4
Skilled Care	11	100.0	339	65	86.7	120	0	0.0	0	7	100.0	156	0	0.0	0	1	100.0	84	88.4
Intermediate	---	---	---	4	5.3	100	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	4	4.2
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Personal Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Residential Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Total	11	100.0		75	100.0		1	100.0		7	100.0		0	0.0		1	100.0	95	100.0

*****						
Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/04				
		-----				
Percent Admissions from:		Activities of	%	% Needing Assistance of	% Totally	Total
Private Home/No Home Health	2.8	Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Number of Residents
Private Home/With Home Health	0.0	Bathing	6.3	63.2	30.5	95
Other Nursing Homes	0.7	Dressing	16.8	76.8	6.3	95
Acute Care Hospitals	88.7	Transferring	30.5	61.1	8.4	95
Psych. Hosp.-MR/DD Facilities	4.3	Toilet Use	27.4	68.4	4.2	95
Rehabilitation Hospitals	0.0	Eating	50.5	44.2	5.3	95
Other Locations	3.5	*****				
Total Number of Admissions	141	Continence		%	Special Treatments	%
Percent Discharges To:		Indwelling Or External Catheter	2.1		Receiving Respiratory Care	12.6
Private Home/No Home Health	53.1	Occ/Freq. Incontinent of Bladder	51.6		Receiving Tracheostomy Care	0.0
Private Home/With Home Health	0.0	Occ/Freq. Incontinent of Bowel	34.7		Receiving Suctioning	1.1
Other Nursing Homes	8.8				Receiving Ostomy Care	2.1
Acute Care Hospitals	8.8	Mobility			Receiving Tube Feeding	6.3
Psych. Hosp.-MR/DD Facilities	0.0	Physically Restrained	2.1		Receiving Mechanically Altered Diets	33.7
Rehabilitation Hospitals	0.0					
Other Locations	2.7	Skin Care			Other Resident Characteristics	
Deaths	26.5	With Pressure Sores	4.2		Have Advance Directives	58.9
Total Number of Discharges		With Rashes	5.3		Medications	
(Including Deaths)	147				Receiving Psychoactive Drugs	58.9

\*\*\*\*\*  
Selected Statistics: This Facility Compared to All Similar Rural Area Facilities & Compared to All Facilities

*****									
	This Facility %	Ownership: Proprietary Peer Group %	Ratio	Bed Size: 100-199 Peer Group %	Ratio	Licensure: Skilled Peer Group %	Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	75.0	81.9	0.92	86.1	0.87	85.9	0.87	88.8	0.84
Current Residents from In-County	76.8	72.8	1.06	80.1	0.96	75.1	1.02	77.4	0.99
Admissions from In-County, Still Residing	18.4	18.7	0.99	19.9	0.93	20.5	0.90	19.4	0.95
Admissions/Average Daily Census	142.4	151.4	0.94	143.3	0.99	132.0	1.08	146.5	0.97
Discharges/Average Daily Census	148.5	151.2	0.98	144.8	1.03	131.4	1.13	148.0	1.00
Discharges To Private Residence/Average Daily Census	78.8	74.0	1.06	69.4	1.13	61.0	1.29	66.9	1.18
Residents Receiving Skilled Care	95.8	95.3	1.00	95.9	1.00	95.8	1.00	89.9	1.07
Residents Aged 65 and Older	90.5	94.3	0.96	93.5	0.97	93.2	0.97	87.9	1.03
Title 19 (Medicaid) Funded Residents	78.9	71.9	1.10	71.5	1.10	70.0	1.13	66.1	1.19
Private Pay Funded Residents	7.4	16.7	0.44	16.3	0.45	18.5	0.40	20.6	0.36
Developmentally Disabled Residents	0.0	0.6	0.00	0.7	0.00	0.6	0.00	6.0	0.00
Mentally Ill Residents	15.8	29.5	0.53	32.1	0.49	36.6	0.43	33.6	0.47
General Medical Service Residents	15.8	23.5	0.67	21.4	0.74	19.7	0.80	21.1	0.75
Impaired ADL (Mean)	42.5	46.4	0.92	48.7	0.87	47.6	0.89	49.4	0.86
Psychological Problems	58.9	54.5	1.08	55.2	1.07	57.1	1.03	57.7	1.02
Nursing Care Required (Mean)	8.2	7.4	1.11	7.9	1.04	7.3	1.12	7.4	1.10